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**Oversight Hearing:
Evaluating the Synthetic Drug Control Strategy**

**Friday, June 16, 2006
2247 Rayburn House Office Building**

**House Government Reform Subcommittee on Criminal Justice,
Drug Policy and Human Resources**

**The Honorable Mark E. Souder, Chairman
The Honorable Elijah Cummings, Ranking Member**

Testimony Submitted by:

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Chairman Souder, Ranking Member Cummings, Members of the Subcommittee, I am Lewis E. Gallant, Ph.D., Executive Director of the National Association of State Alcohol and Drug Abuse Directors (NASADAD). Two component organizations of NASADAD include the National Prevention Network (NPN) and the National Treatment Network (NTN). Thank you for holding this hearing to discuss the Administration's Synthetic Drug Control Strategy: A Focus on Methamphetamine and Prescription Drug Abuse. We sincerely appreciate the opportunity to provide testimony. We offer our support and commitment as we work together to address the problems associated with methamphetamine and prescription drug abuse.

Number One Message: People Can and Do Recover from Methamphetamine

Addiction: If there is but one message to convey to the public regarding methamphetamine in particular, it is this: people can and do recover from methamphetamine addiction. This message of hope, grounded in science, proven through data, and illustrated every day by the countless Americans living in recovery, serves as a lynchpin to any set of recommendations related to the Synthetic Drug Strategy. Indeed, methamphetamine may present unique challenges for our State systems. However, research has shown that clinically appropriate services (screening, assessment, referral, individualized treatment plans within the appropriate level of care and for the indicated duration of treatment, along with aftercare and other supports) provided by qualified staff help people with methamphetamine addiction begin the journey into recovery.

Core NASADAD Recommendations: NASADAD agrees with the Administration's view that a comprehensive approach is needed to successfully address the problems associated with methamphetamine and prescription drug abuse. In particular, the three-prong strategy relayed by the Administration (stopping drug use before it starts, healing Americans with substance use disorders and disrupting the market) provides a valuable framework to discuss these issues. For this hearing, NASADAD is focusing on prevention, education, treatment, recovery and research and offers the following core recommendations:

- **Coordination with Single State Authorities (SSAs) for Substance Abuse**
- **Expand Access to Treatment**
- **Strengthen Prevention Services and Infrastructure**
- **Enhance Tools to Share Knowledge and Best Practices**
- **Continue to Support Research**

These recommendations will be reviewed in the context of the Administration's Synthetic Drug Strategy as we work together to improve our response to the problem of addiction.

NASADAD Members and Mission: NASADAD represents State Substance Abuse Agency Directors – also known as Single State Authorities (SSAs) for Substance Abuse. SSAs have the front line responsibility for managing our nation's publicly funded prevention and treatment service system – including the Substance Abuse Prevention and Treatment (SAPT) Block Grant. NASADAD's mission is to promote effective and efficient State substance abuse service systems.

NASADAD Policy Priorities: NASADAD's key policy priorities for 2006 are to (1) Strengthen State substance abuse systems and the office of the Single State Authority (SSA), (2) Expand access to prevention and treatment services, (3) Implement an outcome and performance measurement system, (4) Ensure clinically appropriate care, and (5) Promote effective policies related to co-occurring populations.

Methamphetamine Use and Prevalence: According to the National Survey on Drug Use and Health (NSDUH), approximately 12 million Americans ages 12 or over tried methamphetamine in 2004. The NSDUH also found that the number of past month methamphetamine users who met the criteria for drug dependence or abuse in the past year doubled: from 27.5 percent in 2002 to 59.3 percent in 2004. The Drug Abuse Warning Network (DAWN), which monitors drug use reports in emergency departments in certain parts of the country, detected a steep rise in methamphetamine related visits over the past 10 years – with approximately 15,000 in 1995 compared to 39,000 in 2002.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently reported (March 2006) that methamphetamine/amphetamine admissions increased in the U.S. for those 12 and older from 13 to 56 admissions per 100,000 from 1993 to 2003. States with admission rates higher than the national average include Arkansas, Oklahoma, Iowa, Kansas, Minnesota, Missouri, Nebraska, South Dakota, California, Colorado, Hawaii, Idaho, Montana, Nevada, Oregon, Utah, Washington and Wyoming. SAMHSA also noted that the following States recently experienced large increases in methamphetamine/amphetamine admissions while still remaining below the national average: Alabama, Georgia, Louisiana, Texas, Illinois, Indiana, and North Dakota.

Although most Americans understand that methamphetamine is a national problem, many are unaware of its impact on women. From 1995 to 2003, according to SAMHSA, the number of women admitted for methamphetamine treatment has almost doubled - from 6.1 percent in 1995 to 11 percent in 2003. The number of pregnant women admitted for methamphetamine treatment during this same time frame increased at a similar rate - from approximately 10 percent in 1995 to approximately 20 percent in 2003. Young women are also using methamphetamine at higher rates compared to men. In 2002, 57 percent of all methamphetamine treatment admissions for those ages 15 to 17 were female and 70 percent of methamphetamine treatment admissions for those ages 12 to 14 were female.

We also know that children can be impacted by methamphetamine. According to the National Center on Substance Abuse and Child Welfare (NCSACW), children are most often exposed to methamphetamine through the use of this addictive drug by his or her parents. At times, these situations can ultimately impact our child welfare and criminal justice systems and threaten the permanency of families across the country. Overall, more than two-thirds of parents involved in the child welfare system need addiction treatment - and methamphetamine can often be a parent's drug of choice. In Arizona, for example, methamphetamine was the most common substance reported at admission among parents referred to treatment through a Child Protective Services program called Families FIRST

(40 percent in 2003-2004). Another example is Oregon, where 69.7 percent of children's parents involved in the foster care system received treatment for methamphetamine use.

Non-Medical Use of Prescription Drugs: The NSDUH estimates that 6 million Americans or 2.5 percent of the population used prescription drugs non-medically in 2004. In particular, there were approximately 4.4 million current users of narcotic pain relievers, 1.6 million users of tranquilizers, 1.2 million used stimulants and 300,000 used sedatives. In 2004, approximately 2.4 million people were new users of pain relievers non-medically. A distinct concern is the increase of non-medical use of prescription medications among young adults. The NSDUH notes that in 2004, 6 percent of young adults used medications non-medically in the past month, and 29 percent tried these drugs at least once.

A 2006 study by researchers at the University of Michigan examined the non-medical use of prescription drug abuse and stimulants among secondary and college students. The study on secondary students found that students using prescription drugs non-medically were 8 times more likely to use other illegal drugs; approximately 25 percent of students prescribed stimulants for ADHD were approached to divert their medication; 53 percent took stimulants to get high; 40 percent took them to increase alertness; 36 percent took them to help them concentrate; and 28 percent took them to lose weight. For college students, the study found that 58 percent diverted pain medication from their peers; 12 percent diverted pain medication from their family; 66 percent of women and 60 percent of men took prescription drugs non-medically in order to relieve pain.

Overview of Administration's Synthetic Drug Control Strategy: The Synthetic Drug Control Strategy is designed to outline the Administration's approach to the problems related to methamphetamine and prescription drug abuse. Overall, the Administration calls for "a balanced approach incorporating prevention, treatment, and market disruption initiatives..." and reviews both international and domestic initiatives.

For methamphetamine and prescription drug abuse treatment, the Strategy focuses on increased support for drug courts and other programs that expand access to addiction treatment. For prevention, the Strategy focuses on strong support for the Youth Anti-Drug Media Campaign and the Strategic Prevention Framework (SPF). For both treatment and prevention, the Strategy calls on additional research to ensure that practice and policy is informed by science.

The Administration also set ambitious goals. In particular, the Strategy sets the following goals over the next three years: (1) reducing past-month use of methamphetamine by 15 percent, (2) reducing past-month use of prescription drug abuse by 15 percent, and (3) reducing domestic methamphetamine laboratories by 25 percent.

Other parts of the Strategy of immediate interest to NASADAD include the promotion of State and city drug control strategies, assisting children impacted by methamphetamine, and prescription drug monitoring programs.

General NASADAD Observations: NASADAD supports the Administration's call for a balanced approach to addressing the problems of synthetic drugs. We strongly agree that an effective strategy includes prevention, treatment and market disruption initiatives.

In addition, we agree with the Synthetic Drug Control Strategy's view that "...the manifestation of the synthetic drug problem in one State may be different from that in another State." As a result, the Association believes successful federal initiatives acknowledge that each State substance abuse system is unique and faces distinctive challenges.

As we look at methamphetamine, for example, Ohio experienced a total of 399 admissions in 2004. In contrast, California saw 72,959 admissions in 2004-2005. While both States are taking action to address methamphetamine, the specific needs of each State – and the service delivery systems themselves – differ greatly. In turn, these challenges require unique responses that should be tailored to fit the manner in which the State is organized to better address State, county and local circumstances. To help illustrate the variation in each State, we have attached, at the end of this testimony, State Snapshots on Methamphetamine for the jurisdictions represented on this Committee (**Attachment 1**). These Snapshots also help illustrate the wide variety of actions that Governors are moving forward to address methamphetamine.

The Administration recommends that each State develop a drug strategy to help address the problem of drug abuse. Indeed, NASADAD values the utilization of appropriate planning and evaluation tools to proactively address addiction issues. To begin, the SAPT Block Grant application requires a needs assessment and coordinated State plan as a condition of receiving funds. In addition, States use a variety of mechanisms to create comprehensive approaches to addiction prevention, treatment, education and research.

For example, the Governor's Commission for a Drug Free Indiana serves as an interagency planning body to ensure that relevant public and private partners develop a comprehensive approach to addiction. Each year, sub-State planning regions submit plans to the Commission for approval that are then are fused into a larger State strategy. A key aspect of this Commission is the inclusion of the SSA as a critical partner. In Maryland, the Governor established the Maryland Drug and Alcohol Abuse Council that includes interagency representatives – including the SSA. As noted by the Council, "a major responsibility of the Council is to prepare and annually update a two year strategic plan with priorities for delivery and funding of services in the State." The Governor's Council in turn works with each of the local county councils on planning and service delivery. These are just two examples of how States work to strategically plan comprehensive and coordinated addiction systems.

Below, NASADAD would like to offer more specific recommendations on improving our collective response to methamphetamine and prescription drug abuse. Again, these recommendations will focus on prevention, treatment, research and recovery. We believe these recommendations represent an important part of any comprehensive plan to address these important issues.

Specific Recommendations

Coordination with Single State Authorities (SSAs): As noted above, State Substance Abuse Directors, also known as Single State Authorities (SSAs), manage the publicly funded treatment and prevention system. Their job is to plan, implement and evaluate a Statewide comprehensive system of clinically appropriate care. Everyday, SSAs work with a number of public and private stakeholders given the fact that addiction impacts everything from education, criminal justice, housing, employment and a number of other areas.

This collaboration is illustrated by the National Institute on Drug Abuse (NIDA) in its “Principles of Effective Drug Treatment,” which demonstrates how addiction treatment is linked with a number of other services – including child care, housing, transportation, vocational services and more (**Attachment 2**). With this in mind, Federal initiatives regarding synthetic drugs – including methamphetamine and prescription drugs – would benefit from close coordination with SSAs given their unique role in planning, implementing and evaluating State addiction systems.

An illustration of the collaborative work done by SSAs is their interaction with the child welfare system. SSAs across the country work and collaborate with law enforcement, social services, child welfare agencies and others to ensure child safety, protection and permanency, and effective methamphetamine addiction treatment for family members.

A specific initiative designed to improve collaboration across State substance abuse, child welfare and other agencies in order to improve outcomes is the work of the National Center on Substance Abuse and Child Welfare (NCSACW). NASADAD is a member of this SAMHSA-Administration for Children and Families (ACF)-funded initiative and believes this project is assisting State agencies to improve practice and policy. For example, the NCSACW helped develop a protocol in Colorado for counties, providers and judicial districts to improve services by coordinating the substance abuse, child welfare and dependency court systems. Similarly, work was done in Virginia to help develop a Memorandum of Understanding between the Department of Social Services, State substance abuse agency, and the Office of the Supreme Court of Virginia to help better serve children and families in need of addiction services.

As we look at prescription drug abuse, more States are moving forward to establish and implement Prescription Drug Monitoring Programs (PMPs) to help identify drug diversion and “doctor shopping.” NASADAD recognizes the value of PMPs in addressing prescription drug abuse. NASADAD also strongly supports an appropriate link between the SSA and a State’s PMP. We agree with Senate Report 109-117, which accompanied the passage of the National All Schedules Prescription Electronic Reporting (NASPER) Act, which noted that the “...committee believes an important component of any strategy relating to prescription drug monitoring programs is a strong link with each State’s Single State Authority (SSA) for Substance Abuse...This important link with the SSA will help provide access to clinically appropriate treatment services for persons

addicted to prescription drugs and enhance opportunities to build a strong and comprehensive prevention portfolio related to the misuse of prescription drugs.”

NASADAD also wishes to recognize the excellent work of the National Alliance for Model State Drug Laws (NAMSDL) on issues pertaining to both prescription drugs and methamphetamine. Meetings coordinated by the Alliance review State laws and initiatives regarding PMPs, discuss policies regarding methamphetamine precursor chemicals, analyze effective data sharing policies and review other important issues facing States across the country. The Alliance often includes NASADAD as a speaker at these meetings in order to ensure that the views of the SSAs are included and considered. NASADAD members and staff consistently attend these meetings and find them extremely valuable and informative.

Synthetic Drug Control Strategy: As noted by the Administration, “Most government-supported treatment, although often funded by Federal grants, is implemented by State or local officials.” Indeed, 42 percent of substance abuse expenditures came from State, county and local sources in 1991. This percentage changed in 2001, where State, county and local expenditures now represent about 50 percent of substance abuse expenditures. As a result, the Strategy notes that “the Administration will continue to partner with State, county, tribal, and city governments over the next three years to attack the illicit use of methamphetamine.” We support such a partnership.

NASADAD also appreciates the Administration’s support of regional and other meetings on methamphetamine and prescription drugs. NASADAD applauds SAMHSA’s Division of State and Community Assistance (DSCA) for their hard work to sponsor, plan and implement two meetings (in California and Florida) to specifically discuss methamphetamine treatment. SSAs and NASADAD look forward to additional regional meetings on methamphetamine to be sponsored by the Department of Justice (DOJ), Office of National Drug Control Policy (ONDCP), in concert with the NAMSDL. The first regional meeting is scheduled to take place in mid-July in Alabama.

Expand Access to Treatment: As stated earlier, research and data tell us that people can and do recover from methamphetamine addiction. As a result, NASADAD strongly believes that one pillar of any successful strategy related to methamphetamine and prescription drug abuse is expanding access to clinically appropriate treatment.

For methamphetamine treatment, as for addiction treatment in general, the number one federal program priority for NASADAD is the *Substance Abuse Prevention and Treatment (SAPT) Block Grant*. The SAPT Block Grant is an efficient and effective program that serves as the foundation of our publicly funded prevention and treatment system. This flexible funding stream is designed to help States address their own unique needs related to addiction at the State, county and local level – whether the primary problem is methamphetamine or prescription drugs, heroin or cocaine, or any of the many other substances of abuse that threaten our families and communities. Overall, the SAPT Block Grant provided support in 2001 to over 10,500 community-based organizations across the country.

NASADAD understands that the Committee has expressed support for improved data reporting in order to assess the effectiveness of services funded by the SAPT Block Grant. NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, SSAs and SAMHSA agreed to implement the National Outcome Measures (NOMs) initiative in order to improve service efficiency and effectiveness through the use of data indicators of accountability and performance. Specifically, States will report a core set of measures for all SAMHSA grants – including the SAPT Block Grant – and use Continuous Quality Improvement (CQI) and the driving force underlying NOMs implementation. A few examples of specific measures include abstinence from drug/alcohol use; employment/education; crime and criminal justice involvement; and access/capacity.

We are also pleased to report that current outcome data from State substance abuse directors demonstrate that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and begin the journey into recovery. SSAs also use data to demonstrate how SAPT Block Grant supported programs help people recover from methamphetamine addiction. A few State-specific examples are included below:

- *Colorado's Alcohol and Drug Abuse Division (ADAD)* reported that 80 percent of methamphetamine users were abstinent at discharge from treatment in FY 2003.
- *Iowa's Division of Behavioral Health and Professional Licensure* reported, in a 2003 study, that 71.2 percent of methamphetamine users were abstinent six months after treatment.
- *Minnesota's Division of Chemical Health*, in follow up data collected from 1993 through 1999, reported that 73 percent of a sample of the persons addicted to methamphetamine reported abstinence from any drug use 6 months after discharge.
- *Tennessee's Bureau of Alcohol and Drug Abuse Services*, in a 2002-2003 study, found that over 65 percent of methamphetamine users were abstinent six months after treatment.
- *Texas' Department of State Health Services* reported that outcomes data for publicly funded services from 2001 to 2004 found that approximately 88 percent of methamphetamine clients were abstinent 60 days from discharge.
- *Utah's Division of Substance Abuse and Mental Health* reported that 60.8 percent of methamphetamine users were abstinent at discharge in SFY 2004.

Additional data demonstrating the effectiveness and efficiency of the SAPT Block Grant are attached (**Attachment 3**).

NASADAD applauds the House Appropriations Committee for approving a \$75 million increase for the SAPT Block Grant in FY 2007. This increase will help offset the \$20 million cut absorbed by the program over the past two years. However, we must continue to highlight the overall addiction treatment gap facing our country. Approximately 23.5 million Americans were in need of services for an alcohol or drug problem in 2004. During the same year, approximately 3.8 million received treatment for alcohol or illicit drug use. As a result, approximately 19.7 million people needed but did not receive addiction treatment services in 2004.

NASADAD remains extremely concerned with the proposal by the House Appropriations Committee to cut the budget for the *Center for Substance Abuse Treatment (CSAT)*, led by Dr. H. Westley Clark, by \$72 million. CSAT funds the *Targeted Capacity Expansion (TCE)* program – another federal tool that helps States increase access to methamphetamine and other addiction treatment. For FY 2007, the House Appropriations Committee did approve \$25 million specifically for methamphetamine treatment. NASADAD applauds the committee for directing these grants to the States and affording States the flexibility to choose how best to purchase services instead of requiring successful applicants to use any one, predetermined purchasing mechanism.

The Department of Justice (DOJ) also provides critical resources that help support methamphetamine treatment. NASADAD supports the Administration's proposal to provide drug courts with \$69.2 million in FY 2007. The Association encourages additional work at the federal and State level to encourage more collaboration between drug courts and SSAs. In addition, NASADAD supports \$20 million in FY 2007 for a new methamphetamine treatment program appearing in Section 756 of the Patriot Act. In particular, the provision authorizes a grant to State substance abuse, child welfare and criminal justice agencies in order to expand methamphetamine treatment for pregnant and parenting women offenders.

NASADAD remains concerned, however, with proposals to cut other vital funding streams within DOJ. These proposals include:

- Elimination of the *Residential Substance Abuse Treatment (RSAT)* program that was funded at \$10 million in FY 2006 and \$24.7 million in FY 2005. NASADAD recommends \$40 million for this program in FY 2007.
- Elimination of the *Byrne/Justice Assistance Grant (JAG)* program that was funded at \$416 million in FY 2006 and \$634 million in FY 2005. NASADAD recommends \$634 million for this program in FY 2007.

These cuts place added pressure on a system already facing other cuts within DOJ's programming focused on substance abuse. For example, the Administration is proposing to eliminate the Enforcing Underage Drinking Laws (EUDL) program that was funded at \$25 million in FY 2006. In addition, the Administration is proposing to eliminate funding for the Mentally Ill Offender Act program that received \$5 million in FY 2006. NASADAD recommends level funding in FY 2007 for both programs.

Synthetic Drug Control Strategy: The Administration promoted the President's proposal to provide drug courts with \$69.2 million in FY 2007. The Strategy also highlights support for other programs designed to expand drug treatment services.

Strengthen Prevention Services and Infrastructure: NASADAD believes that a strong commitment to prevention services is vital in the fight against prescription drug and methamphetamine abuse. As noted in the Synthetic Drug Control Strategy, youth drug use has declined by 19 percent since 2001. NASADAD is pleased with this progress but recognizes the many challenges that remain.

The SAPT Block Grant, NASADAD's number one program priority, allocates 20 percent of funds to support prevention services. This prevention set-aside represents a critical investment that helps States implement prevention programming. Similar to treatment, States will be reporting to the federal government a core set of prevention measures through the NOMs initiative across all SAMHSA grants – including the SAPT Block Grant. A few examples of prevention measures include age at first use; perceived risk of use; and drug related crime.

The prevention set-aside received \$351.7 million in FY 2006, representing a cut of approximately \$3.4 million compared to the FY 2005 level of \$355.1 million. Again, NASADAD appreciates the House Appropriations Committee's vote to recommend an increase of \$75 million for the SAPT Block Grant which will help restore previous cuts to prevention services.

NASADAD also believes that an effective substance abuse prevention strategy requires strong investment in the *Center for Substance Abuse Prevention (CSAP)*, led by Acting Director Dennis Romero. One top program priority within CSAP is the Strategic Prevention Framework State Incentive Grants (SPF SIG) program. The State Prevention Framework incorporates a five step community model: (1) organize the community to profile needs, including community readiness, (2) mobilize the community and build capacity to address needs and plan for sustainability, (3) develop prevention action (evidence-based activities, programs, strategies, and policies); (4) implement the prevention plan; and (5) conduct an ongoing evaluation for quality improvement and outcomes.

NASADAD is very concerned with the proposal by the Administration to cut CSAP by \$12.3 million. A particular concern is the proposal to cut \$11.2 million from the SPF SIG program. NASADAD recommends \$205 million for CSAP in FY 2007 which would allow the agency to continue its goal of providing each State in the country with an SPF SIG. NASADAD recognizes the House Appropriations Committee for voting to provide CSAP with \$195.8 million for an increase of \$2.9 million over FY 2006.

More must be done to educate the public regarding the fact that people can and do recover from methamphetamine addiction. Forums such as this hearing will be critical to making progress in addressing the false perceptions of methamphetamine and addiction

treatment. In addition, support for prevention programs in our schools is a vital part of this education and outreach.

One important federal program that helps our efforts to prevent drug use in our schools is the *Department of Education's (Dept. Ed) Safe and Drug Free Schools and Communities (SDFSC) – State Grants Program*. For FY 2007, the Administration proposed to completely eliminate the SDFSC State Grants program – representing a cut of \$346.5 million. NASADAD recommends \$400 million for this program in order to ensure that an estimated 37 million youth receive vital prevention services to remain drug free. Governors receive 20 percent of the SDFSC State Grants allocation – assigning a designee to administer these funds. In certain States, SSAs serve as the lead for the Governor's share of SDFSC funding. Examples of SDFSC at work include:

- *California's Department of Alcohol and Drug Programs* targets special populations such as youth in juvenile detention centers, homeless children and pregnant/parenting teenagers.
- *Maine's Office of Substance Abuse* manages the entire SDFSC portfolio – funding every State school system as well as 9 community based programs – including the Prime for Life program in Augusta that serves youth who have violated school alcohol/drug policies and the Passages program in Camden that helps pregnant or parenting school drop-outs acquire their diploma.
- *Connecticut's* program supports the Neighborhood Youth Center Program designed to increase the range and extent of positive experiences for at risk youth in Bridgeport, Hartford, New Britain, New Haven, Stamford and Waterbury.
- *Nevada's Bureau of Alcohol and Drug Abuse* funded 5 programs in 17 counties that targeted youth in juvenile justice systems among other settings.

Synthetic Drug Control Strategy: The Administration joins NASADAD in highlighting the benefits of the SPF SIGs as “an ambitious effort to decrease substance use” in States across the country. The two other initiatives included in the Synthetic Drug Control Strategy include (1) the National Youth Anti-Drug Media Campaign and (2) the prevention portfolio within NIDA.

NASADAD supports the use of ad campaigns as part of a balanced approach to drug prevention efforts. In the process, NASADAD supports work to tailor ads to match the circumstances and needs of the local communities.

Enhance Tools to Share Knowledge and Best Practices: SSAs believe that information sharing regarding best practices, cutting-edge research, practitioner training, curriculum development and other issues is vital. Two SAMHSA-funded initiatives that fulfill these roles are the *Addiction Technology Transfer Centers (ATTCs)* and the *Centers for the Application of Prevention Technologies (CAPTs)*.

ATTCs began in 1993 and have grown into a national network with 14 regional centers and a national office serving all 50 states. The mission of the ATTC network is to bridge the gap between alcohol and drug treatment scientists and substance abuse treatment practitioners. Simply put, ATTCs help translate the latest science into actual practice.

ATTCs sponsor conferences and workshops to expose substance abuse counselors to current research-based practices, offer academic programs and coursework in addiction, provide technical assistance, conduct workforce studies, coordinate leadership activities, develop training curricula and products, and create online courses and classes. The ATTCs also coordinate activities to recruit individuals to enter the addiction treatment field and to develop strategies to help retain the current workforce.

Two useful tools already generated by the ATTCs relating to methamphetamine include Methamphetamine 101 – the Etiology and Physiology of an Epidemic, along with Methamphetamine 102 – Introduction to Evidence-Based Treatments both available at <http://www.psattc.org>.

The CAPTs help SSAs apply evidence-based substance abuse prevention programs, practices and policies in State substance abuse systems. There are five regional CAPTs (Northeast, Southeast, Southwest, Central and Western) that support this important work. As noted by SAMHSA, the CAPT system “is a practical tool to increase the impact of the knowledge and experience that defines what works best in prevention programming.”

Yet another important tool is SAMHSA’s Treatment Improvement Protocols (TIP) series. For methamphetamine use, SAMHSA’s TIP 33, Treatment for Stimulant Disorders, gives substance use disorder treatment providers vital information about the effects of stimulant abuse and dependence, discusses the relevance of these efforts to treating stimulant users, describes treatment approaches that are appropriate and effective, and makes specific recommendations on the practical application of these treatment strategies.

Synthetic Drug Control Strategy: The Synthetic Drug Strategy promotes the identification and sharing of best practices as a top priority. A large emphasis is placed on better information dissemination regarding methamphetamine lab clean ups and environmental issues. As mentioned earlier, ONDCP, DOJ and SAMHSA will collaborate with NAMSDL to sponsor four regional conferences on methamphetamine. We appreciate the inclusion of SSAs as participants – and NASADAD as an observer – at these important meetings. As previously mentioned, NASADAD appreciates the work of SAMHSA in sponsoring two meetings for SSAs to review methamphetamine treatment protocols.

Continue to Support Research: Our current understanding of methamphetamine can be traced to discoveries made possible in large part through federally supported research – including work performed by the *National Institute on Drug Abuse (NIDA)*, led by Dr. Nora Volkow.

NIDA-supported research has led to a greater understanding of the impact of methamphetamine on the brain. In particular, NIDA researchers have discovered that methamphetamine damages nerve terminals in the dopamine-and serotonin-containing regions of the brain. NIDA has also established the Methamphetamine Clinical Trials Group (MCTG) to conduct clinical trials of medications for methamphetamine in States where the drug is particularly popular. Finally, NIDA's research served as the foundation for the Matrix Treatment model, which has been effective in treating methamphetamine dependence.

NASADAD commends NIDA and CSAT for working together to sponsor a series of meetings to focus on how to translate research into every day practice. In particular, these meetings are examining the link between SSAs, NIDA's Clinical Trials Network (CTN) and the ATTCS. In addition to open regional meetings, NIDA and CSAT co-sponsored day-long sessions at NASADAD's Annual Meetings in 2004, 2005 and 2006. The Annual Meeting sessions are designed to (1) provide State substance abuse directors an opportunity to learn more about NIDA's research portfolio and progress of the CTN, (2) promote a discussion between NIDA and SSAs on ways to improve the manner in which evidence-based practices are used in the publicly funded State substance abuse system, and (3) ensure a continued dialogue on the current research portfolio at NIDA pertaining specifically to State addiction systems.

Finally, NASADAD is pleased with NIDA/SAMHSA's Request for Applications (RFA) designed to strengthen SSAs capacity to support and engage in research that will foster Statewide adoption of meritorious science-based policies and practices. These activities will be important tools that will inform our efforts related to prescription drug abuse and methamphetamine.

NASADAD believes Congress should continue its strong support of research at NIDA so that we may learn more about the impact methamphetamine and the potential promise of medication as an adjunct to methamphetamine treatment. NASADAD is concerned with the recent decision of the House Appropriations Committee to cut funding for NIDA by \$5.2 million. As a member of both the Friends of NIDA and Ad Hoc Group for Medical Research, NASADAD supports a five percent increase for NIDA to fulfill its mission.

Synthetic Drug Control Strategy: The Administration notes efforts to "...enhance scientific understanding of effective treatment options for synthetic drug treatment." In particular, the document mentions NIDA's work to research "...the most effective way of treating methamphetamine addiction." The Synthetic Drug Control Strategy also emphasizes the importance of prevention research at NIDA. NASADAD strongly supports NIDA's work to make substance abuse prevention one of the Institute's top priorities.

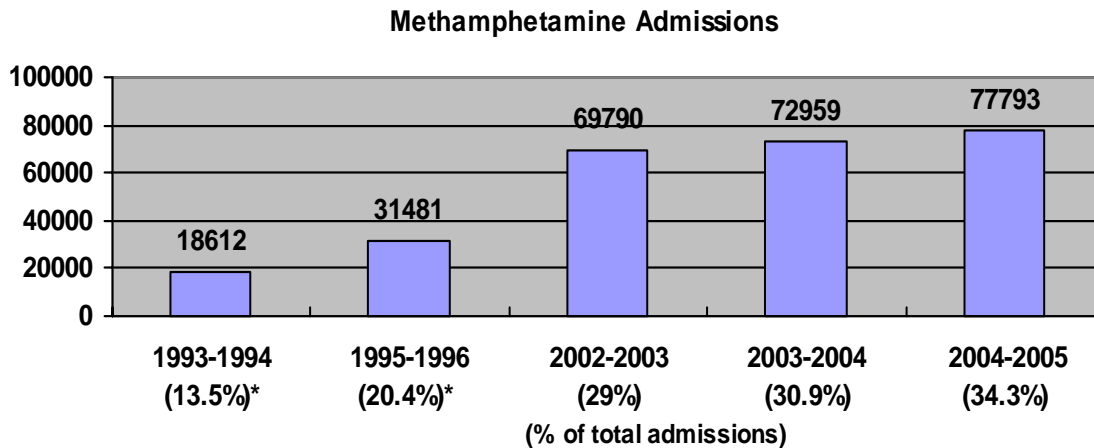
Conclusion: Thank you again for inviting NASADAD to testify. I would be happy to entertain any questions the Committee may have.

NASADAD

ATTACHMENT I

California

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



*Total amphetamines admissions, methamphetamine was not yet reported separately.

Rise in Methamphetamine Admissions

In 1986, drug treatment programs admissions for amphetamines including methamphetamine were 3,853 or 4% of total admissions. Between 1993-94 and 1995-96, there were significant increases in primary amphetamine admissions, from 18,612 (13.5% of total admissions) to 31,481 (20.4% of total admissions). In 2002-2003, the first year that methamphetamine was recorded separately from other amphetamines, there were 69,790 admissions with a primary diagnosis of methamphetamine use (29.0% of total admissions). In 2003-2004 admissions with a primary diagnosis of methamphetamine increased to 72,959 or 30.9% of total admissions. In 2004-2005 admissions with a primary diagnosis of methamphetamine again increased, to 77,793 or 34.3% of total admissions.

Of those in treatment (2004-2005) with Methamphetamine as primary drug at admission:

- 60.3% White
- 35.2% Hispanic
- 4.3% African-American
- 3.2% Asian – PI
- 2.1% Native American
- 11.3% Under the age of 21 years
- 56.9% Male

Impact of Prop 36

In SFY 2001-2002, there was an increase in referrals from the criminal justice system as a result of the Substance Abuse and Crime Prevention Act (**California Proposition 36**) prescribing treatment for first-time, non-violent drug offenders. This change contributed to an increase in primary diagnoses of methamphetamine use, from 21% of admissions to 30.9%.

Other State Activities to Note

- The California State Legislature has established the Senate Select Committee on Methamphetamine Abuse to address the methamphetamine problem in California. Chaired by State Senator Jackie Speier (D-San Francisco/San Mateo), the Committee will provide legislative attention to the State methamphetamine epidemic.
- In 2000, California voters approved the Substance Abuse and Crime Prevention Act (SACPA) which mandates drug treatment instead of incarceration for first or second-time nonviolent adult drug offenders. Recent UCLA evaluations show that 55 percent of clients entering SACPA report methamphetamine as their primary drug of choice. The UCLA cost-benefit analysis of SACPA showed a cost savings for state and local government of \$2.50 for every dollar invested for all SACPA-eligible offenders and \$4.00 for every dollar invested for SACPA participants who completed treatment programs.
- Governor Schwarzenegger's January 2006 budget includes \$120 million in funding for SACPA activities contingent on reforms which will improve outcomes and accountability. The reforms that the Administration seeks include structuring the program after the drug court model, which allows for close judicial monitoring through dedicated court calendars, requires drug testing as a condition of probation and allows for jail sanctions as a tool to encourage clients to enter and continue treatment. The Administration also seeks reforms in SACPA treatment programs which would ensure that programs are culturally competent and tailored to fit the assessed needs of the individual client.

If **additional resources** were made available to improve methamphetamine services, the areas in most need of assistance would be:

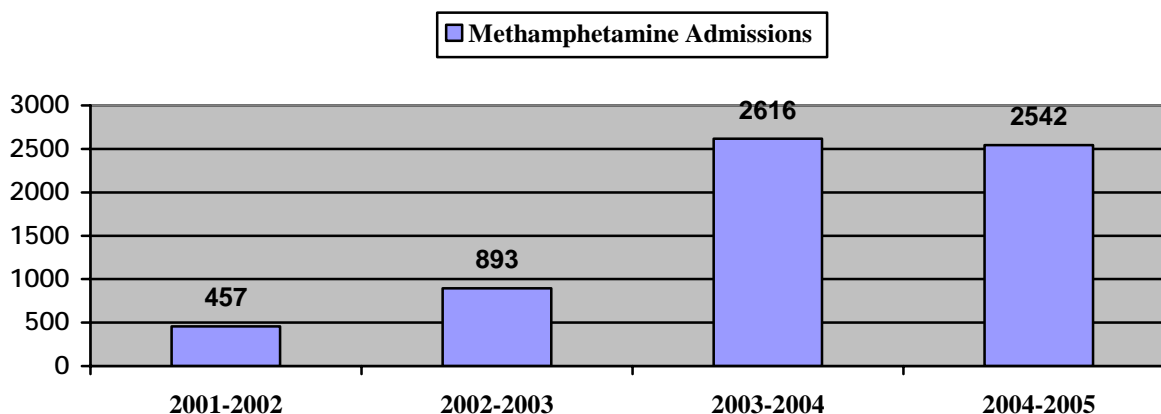
- Increased residential and outpatient treatment capacity
- Increased sober living environments and/or transitional housing
- Creation of both statewide and local cross-jurisdictional collaborations of public and private organizations using an integrated systems approach, with particular emphasis on coordination of public health, child welfare, and law enforcement efforts.
- A statewide public awareness campaign focused on both prevention and recovery
- Expanded Technical Assistance to counties

Kathy Jett, Director
California's Department of Alcohol and Drug Programs

Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Director of Public Policy, at (202) 293-0090 x 106 or email: rmorrison@nasadad.org or Anne Luecke, Public Policy Associate, at (202) 293-0090 x 111 or email: aluecke@nasadad.org.

Florida

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



Florida providers began noticing methamphetamine use in their client population in 2002. Certain areas of the State have shown increased admissions for methamphetamine. The initial area of growth was largely rural and along the western Interstate 10 corridor. In Central Florida, the Interstate 4 corridor from Tampa to Orlando has over 50% of the admissions. Methamphetamine admissions were 2.2% of all admissions for 2004-2005.

2005 Demographics

- 46.9% of Admissions were male
- 56.6% were between the ages 18-32
- 53.1% of Admissions were female
- 12.1% were between the ages 13-17

Other State Activities to Note

The Department of Children and Families (DCF) Substance Abuse Program Office is currently participating actively in two recently formed work groups which were convened to focus on the emerging methamphetamine problem in Florida.

- 1) The Drug Endangered Children workgroup which will have a primary focus on children in welfare affected by methamphetamine with lead coordination responsibility from the Child Welfare and Community- Based Care Program, and
- 2) The Methamphetamine Legislative Workgroup coordinated by the Florida Office of Drug Control.

The Substance Abuse Program Office is working with partners through these two workgroups to define the extent of the problem, identify issues, and to determine strategies to improve methamphetamine prevention, identification and screening, as well as access to treatment for both adults and children.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Recovery support services (child care, transportation, job training)
- Outpatient capacity
- Early Intervention and prevention services in rural areas

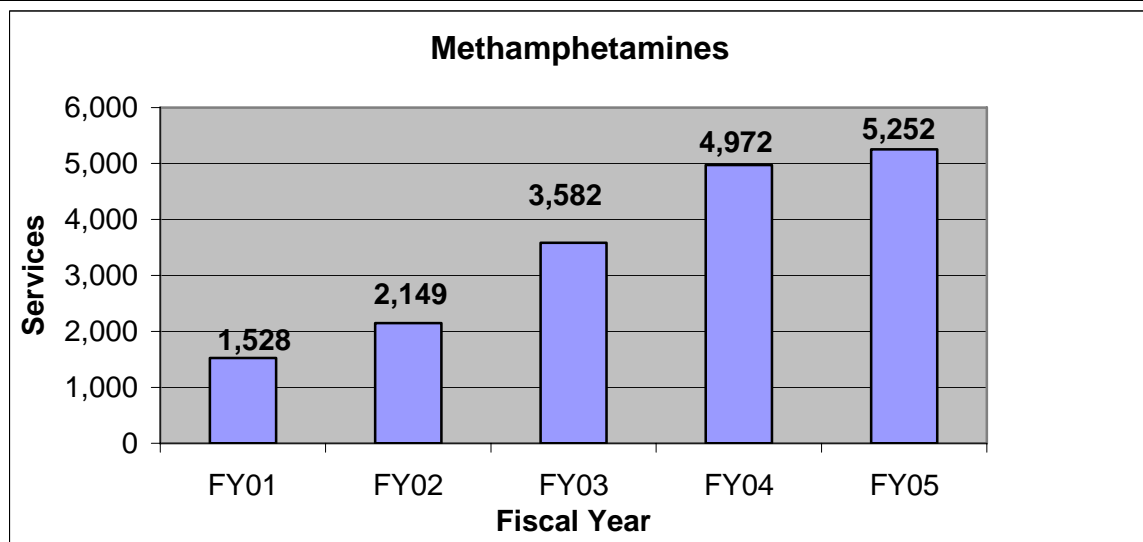
For more information, please contact the Florida Single State Authority for Substance Abuse (SSA):

Stephenie Colston, Director of Substance Abuse
FL Department of Children & Families

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Illinois

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



In the past five State fiscal years, methamphetamine has shown the largest increase in services of any single primary drug. Total services ranged from just 1,528 in FY2001 to 5,252 in FY2005. This is an increase of more than 243%. Patients from rural counties in central and southern Illinois received 77% of services.

Demographics FY2005

- 97% White
- 54% Male
- Of the 2,404 female, 5% were pregnant
- 31% of services were given to adults between the ages of 18 and 24

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Residential and outpatient capacity
- Wrap-around services

State Action

The Illinois Attorney General sponsors a taskforce on methamphetamine and the Governor has sponsored several public awareness events. A number of community coalitions have formed. The Division of Alcoholism and Substance Abuse will be sponsoring Matrix Model training for Illinois providers to support improved treatment retention and outcomes.

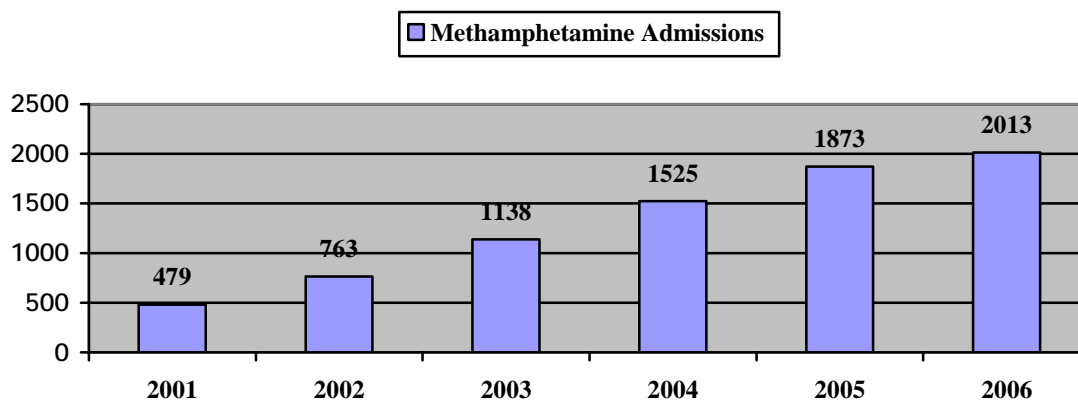
For more information, please contact the Illinois Single State Authority for Substance Abuse (SSA):

Theodora Binion Taylor, Director
Division of Alcoholism & Substance Abuse
Illinois Department of Human Services

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Indiana

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD)
State Snapshot on Methamphetamine



Indiana providers began to see a significant increase in methamphetamine admissions in 2001. Since then, methamphetamine admissions have increased 291%.

2003 Demographics

- Majority of admissions are White/Caucasian
- 47% Female
- 53% Male
- 40% Between the ages 25-34

Other State Action to Note

Indiana has implemented a restriction on sales of pseudoephedrine and ephedrine; formed the Governor's Methamphetamine Abuse Task Force in 2005; and hosted a Methamphetamine Summit held by the Midwestern Governors Association (MGA) Dec. '06. In addition, the Indiana Single State Authority (SSA) for Substance Abuse is working with the Department of Corrections (DOC) to develop a Memorandum of Understanding (MOU) related to methamphetamine recovery programs to ensure the promotions of best practices for treatment.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Residential and intensive outpatient capacity
- Sharing of best practices
- Wrap around services (child care; transportation, job training, etc).

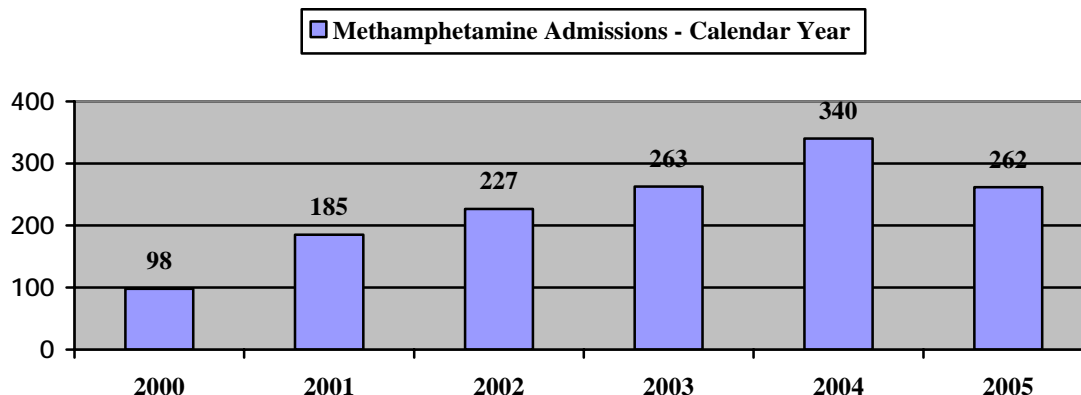
For more information, please contact the Indiana Single State Authority for Substance Abuse (SSA):

John Viernes, Jr., Deputy Director
Division of Mental Health and Addiction,
Indiana Family & Social Services Administration

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Maryland

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot for Methamphetamine



State Fiscal Year 2005 Demographics on Methamphetamine Admissions

- 55.9% White Male
- 22.9% White Female
- 13.0% Black Male
- 5.5% Black Female
- Average age – 31 years old
- Highest percentages of admissions were from Baltimore City (15.1), Baltimore (11.9) and Montgomery (10.7) counties

Treatment Effectiveness Data

For persons discharged from treatment for methamphetamine in SFY 2005, 39% were employed at admission while approximately 48% were employed after discharge – representing an increase of 23%. In the same year, approximately 60% of methamphetamine abusers successfully completed treatment. Fifty-seven percent were using methamphetamines in the month preceding admission, half of them daily; 6 percent used in the month preceding discharge and for 10 percent the level of use was unknown.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Residential capacity

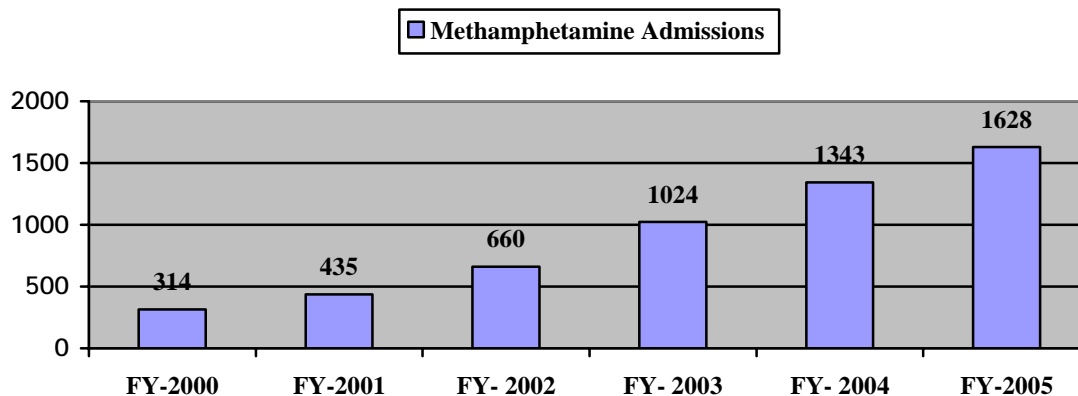
For more information, please contact the Maryland Single State Authority for Substance Abuse (SSA):

Peter F. Luongo, Ph.D., Director
Alcohol & Drug Abuse Administration

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Michigan

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



Michigan providers first detected a noticeable number of methamphetamine-involved admissions in 2001. The reported quantity of these admissions has nearly quadrupled since that time.

Demographics FY 2005

The profile of a typical methamphetamine user in Michigan is: median age of 29, slightly more likely to be male than female (54% to 46%), and predominantly white (94.2%).

Treatment Effectiveness Data

When matching each client's admission to his or her discharge, of the 1,440 methamphetamine-involved cases in FY 2005 that were discharged (detox excluded):

There was a 24.4% reduction in reported homelessness; a 36.7% increase in those reporting either full or part time employment, a 62.3% reduction in the number of arrests. For clients who reported methamphetamine as their primary drug, 69.4 % reported recent use at admission while 24.7% of them reported recent use at discharge (a 64.4% reduction). For methamphetamine as a secondary drug, there was a 68.9% reduction in those using when making the same comparison. When methamphetamine was reported as a tertiary drug, the reduction in use was 73.2%

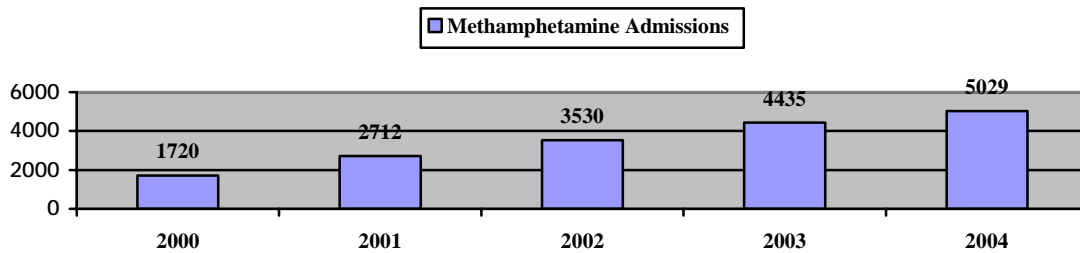
For more information, please contact the Michigan Single State Authority for Substance Abuse (SSA):

Deborah Hollis, Administrator
Division of Substance Abuse and Gambling Services
Office of Drug Control Policy
Michigan Department of Community Health

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Minnesota

National Association of State Alcohol and Drug Abuse Directors (NASADAD)
2006 State Snapshot on Methamphetamine



Minnesota first detected a noticeable number of methamphetamine admissions in 2000. Methamphetamine was the primary substance of abuse in 2% of all admissions in 1996 and 13% of all admissions in 2004.

2004 Demographics

- 93% White
- 42% of all clients receiving treatment for methamphetamine lived in the metro Twin Cities area
- The percentage of clients addicted to methamphetamine was highest around St. Cloud (13%) and lowest in northwestern MN (5%)

Treatment Effectiveness Data

The Minnesota Single State Authority for Substance Abuse (SSA) examined follow up data collected from 1993-1999 from a sample of 99 persons treated for methamphetamine addiction. The data showed that 73% of this sample reported abstinence from any substance 6 months after discharge.

2003-2004 Other Data

- Whereas only 46% of publicly funded clients admitted for alcohol disorders used a secondary substance, 76% of those admitted for methamphetamine disorders used a secondary substance.
- Among publicly funded clients admitted with a secondary substance, the most typical substances that accompany methamphetamine were marijuana (55%) and alcohol (27%).
- The completion rate of those who use methamphetamine only is virtually identical to the completion rate of those who use methamphetamine and other substances.
- Among all clients who completed a span of treatment in 2003, 20% of methamphetamine users were readmitted to treatment by the end of 2004. This percentage is lower than the percentage readmitted for crack and about the same as that for other illegal drugs.

Other State Activities to Note

Minnesota has initiated specific initiatives regarding methamphetamine, including a Governor's initiative which includes bolstered support for prevention and law enforcement efforts.

If **additional resources** were available to improve services, the areas in most need of assistance would be:

- Statewide training in best practices
- Additional support for quality control and monitoring
- Targeted support to close service delivery gap for pregnant and parenting women

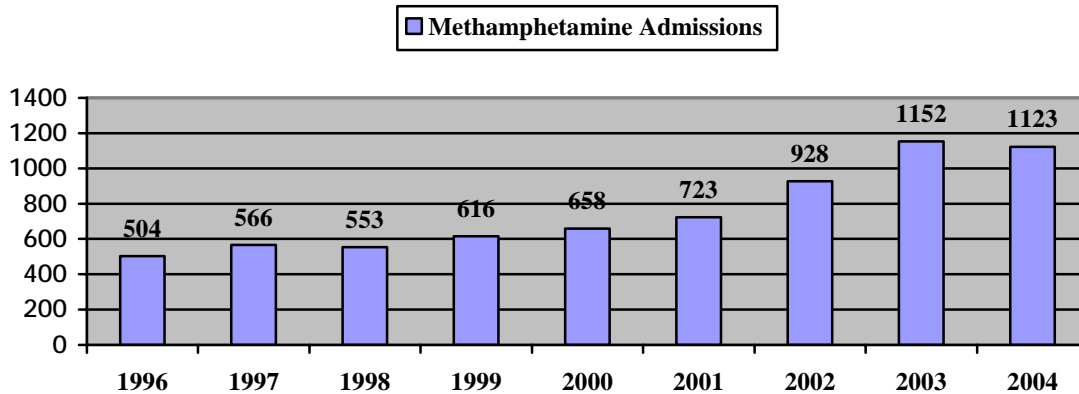
For more information, please contact the Minnesota Single State Authority for Substance Abuse (SSA):

Donald R. Eubanks, Director
Chemical Health Division
Minnesota Department of Human Services

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New York

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



Although the number of admissions with methamphetamine identified as the primary, secondary, or tertiary problem substance is less than 1 percent of all admissions in New York State, there has been a reported increase of over 100 percent in the period from 1996 through 2003.

2004 Demographics on Methamphetamine Admissions

- 75% White
- 11% Hispanic
- 31% Between the ages 25-34
- 31% Female

Location

The number of New York methamphetamine lab “busts” increased dramatically in 2003, with a corresponding increase in the number of admissions in the affected counties. Labs were found almost entirely in the State’s rural areas, especially the southern tier (adjacent to Pennsylvania) and in central New York. Methamphetamine also became popular as a party and sexual experience-enhancing drug among the gay community in Manhattan (New York City). This use, associated with “unsafe sex,” has raised the specter of a new spread of HIV infection and, potentially, broader impact in New York City, with health and social problems similar to those experienced during the crack cocaine epidemic of the late 1980s.

Other State Activities to Note

Under Governor Pataki’s leadership, New York law (Chapter 394) was enacted in 2005 that contained sweeping changes to combat the production and use of methamphetamine.

- ✓ Criminal penalties for possessing manufacturing and precursor materials such as cold tablets, camping fuel, and lithium batteries were enacted.
- ✓ The production of methamphetamines in a residence where children live is now classified as a felony.
- ✓ OASAS is designated as the principle source of information for the statewide dissemination of information on methamphetamine.

Under the law, OASAS is authorized to provide education and training to: the employers of mandated reporters (who must report suspected laboratory activity if children live on the premises), emergency services personnel, child protective services, social services, chemical dependence prevention and treatment providers, school personnel, health care providers, and other interested entities and individuals.

To address its responsibilities, OASAS is employing a three pronged approach:

1. The OASAS Electronic Methamphetamine Clearinghouse – This is a one stop, user friendly website that catalogues and provides a direct link to all the best currently available information and training sources on the dangers of methamphetamine and its production. The Clearinghouse includes an excellent reproducible color pamphlet, entitled “How to Recognize a Clandestine Methamphetamine Laboratory” that is geared to mandated reporters and first responders, detailing the signs of a lab and the steps to take to report it. (<http://www.oasas.state.ny.us/meth/index.htm>)
2. An Interagency Methamphetamine Steering Committee – Comprised of 12 separate state agencies, OASAS has convened this group to bring about a coordinated response to the threat of methamphetamine, by revising protocols and ensuring the delivery of necessary training to their constituent providers. The Steering Committee has been working with the federal Drug Enforcement Agency, the U.S. Attorney General’s Office, SAMHSA’s Center for Substance Abuse Treatment and the New York State Association of Sheriffs on the planning of a statewide Methamphetamine Summit. The Summit will bring together key local law enforcement, health, social services, chemical dependence treatment and prevention providers and other partners with federal and state representatives to formulate a strategic framework for communities to respond to the threat of methamphetamine.
3. OASAS Internal Work Group that is developing and monitoring a plan of action for the delivery of necessary information and training to chemical dependence prevention and treatment providers throughout the State.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- | | |
|---|-----------------------------|
| ➤ Prevention and intervention resources (including media campaigns that incorporate cultural awareness) | ➤ Sharing of best practices |
| | ➤ Staff training |
| | ➤ Wrap Around Services |

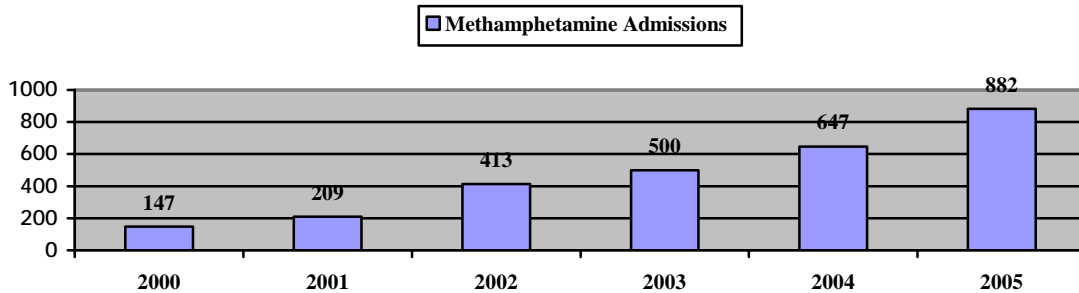
For more information, please contact the New York Single State Authority for Substance Abuse (SSA):

Fran Harding, Associate Commissioner
NYS Office of Alcoholism & Substance Abuse Services

Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Director of Public Policy, at (202) 293-0090 x 106 or email: rmorrison@nasadad.org or Anne Luecke, Public Policy Associate, at (202) 293-0090 x 111 or email: aluecke@nasadad.org.

North Carolina

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD)
State Snapshot on Methamphetamine



North Carolina providers first detected a rising number of methamphetamine admissions in 2002.

2005 Demographics on Methamphetamine Admissions

- 91.50% White
- 3.17% Black
- 46.71% Female / 53.29% Male
- 42.52% Between ages 25-34

Other State Activities to Note

North Carolina has a special methamphetamine treatment initiative focused on some of the State's western counties hardest hit by methamphetamine use. The State also passed tougher laws related to methamphetamine production, sales and distribution. The North Carolina Legislature signed into law a measure that restricts the sale of Sudafed and other cold medicines in an effort to stop the cooking of the illegal drug methamphetamine. Under the new law, buyers have to go to a pharmacy counter, show identification and sign a log in order to buy any tablets containing pseudoephedrine and ephedrine. Buyers also must be at least 18 years old. They cannot purchase more than two packages at a time, and no more than three within 30 days without a prescription. Stores without pharmacies, such as convenience stores and some groceries, are not able to sell the medications at all. Legislation also included more aggressive prosecution for those exposing methamphetamine to children. Finally, standards have been put into place for removing toxic residue from residences that house methamphetamine labs.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Wrap-around services
- Residential capacity
- Staff training

For more information, please contact the North Carolina Single State Authority for Substance Abuse (SSA):

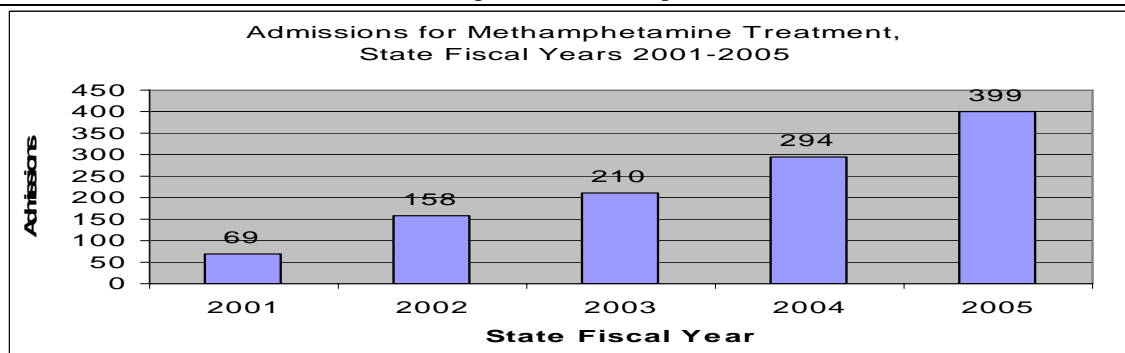
Flo Stein, Chief

Division of Mental Health, Developmental Disabilities & Substance Abuse Services
North Carolina Department of Health & Human Services

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Ohio

2006 National Association of State Alcohol and Drug Abuse Directors State Snapshot on Methamphetamine



Admissions in Ohio's publicly funded substance abuse treatment system for clients with an identified primary drug of choice of methamphetamine rose from 69 in SFY 2001 to 399 in SFY 2005. First reports about increases in methamphetamine production and abuse were obtained from the Akron area in 2000. Starting in 2002, most areas were consistently reporting small increases in methamphetamine availability.

Demographics

Ohio has seen a trend emerging in the characteristics of users. Providers and users identify two groups of users: a) poor whites who are using low quality, locally made methamphetamine; and b) young white adults who are using higher quality methamphetamine at rave parties.

There also appears to be a trend of increased use among females. In SFY 2001, 60.9% of users were male and 30.1% were female. By SFY 2005 the percentage of men to women was 50.1% to 49.9%. During the same timeframe, the majority of users were consistently young adults aged 18 - 34.

Method of Administration

Smoking and inhaling methamphetamine continue to be the most common method of administration. However, active users of high quality methamphetamine reported oral administration ("capping") is increasingly common among those who prefer a "controlled" high. In the current reporting period, active methamphetamine users from the Dayton and Columbus areas also describe a method of administration called "hot railing," which involves inhaling crystal methamphetamine through the nose as it vaporizes while passing through a heated glass pipe.

If **additional resources** were available to improve services, the areas in most need of assistance would be:

- Staff training
- Sharing of best practices

State Action

The Ohio Department of Alcohol and Drug Abuse Services (ODADAS) has convened a workgroup to develop a summary on the current methamphetamine problem in Ohio with recommendations for prevention, treatment, legislative and enforcement action. Also, in 2003 a State Methamphetamine Summit was conducted. Summit participants came to learn as much as possible about methamphetamine, and to develop a working relationship with interested parties outside their own disciplines.

For more information, please contact the Ohio Single State Authority for Substance Abuse (SSA):

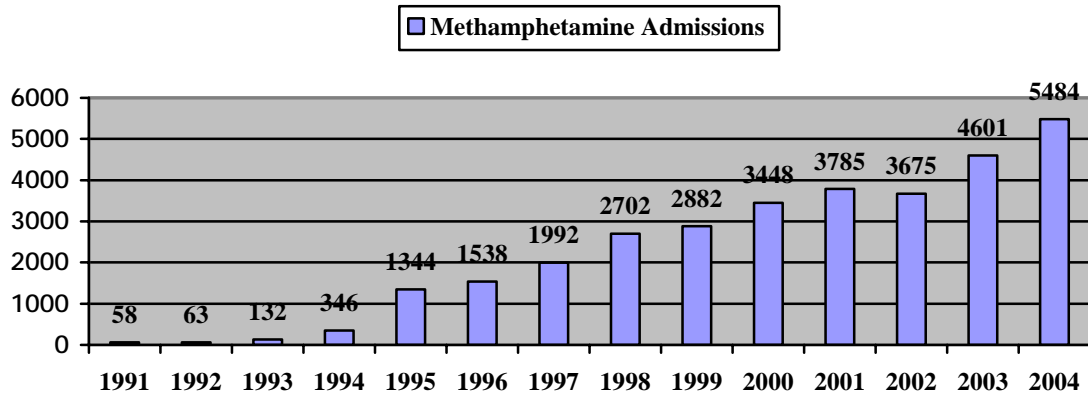
Carolyn Givens, Director

Ohio Department of Alcohol & Drug Addiction Services

Should you have any questions, or require additional information, please do not hesitate to contact Robert Morrison, Director of Public Policy, at (202) 293-0090 x 106 or email rmorrison@nasadad.org or Anne Luecke, Public Policy Associate, at (202) 293-0090 x 111 or email aluecke@nasadad.org.

Utah

2006 National Association of State Alcohol and Drug Abuse Directors (NASADAD) State Snapshot on Methamphetamine



A significant increase in the number of admissions for methamphetamine occurred in SFY 1995.

2004 Demographics on Methamphetamine Admissions

- 88% White
- 51% Male
- 40.6% Between ages 25-34
- 49% Female

Treatment Effectiveness Data

The division reported that in State Fiscal Year 2004, 60.8% of methamphetamine clients were abstinent at discharge.

Other State Activities to Note

- Created the Salt Lake City Methamphetamine Task Force.
- Utah developed two women's treatment programs in collaboration with local authority providers.

If **additional resources** were made available to improve services, the areas in most need of assistance would be:

- Residential and outpatient capacity
- Sharing of best practices
- Wrap-around services
- Staff training

For more information, please contact the Utah Single State Authority for Substance Abuse (SSA):

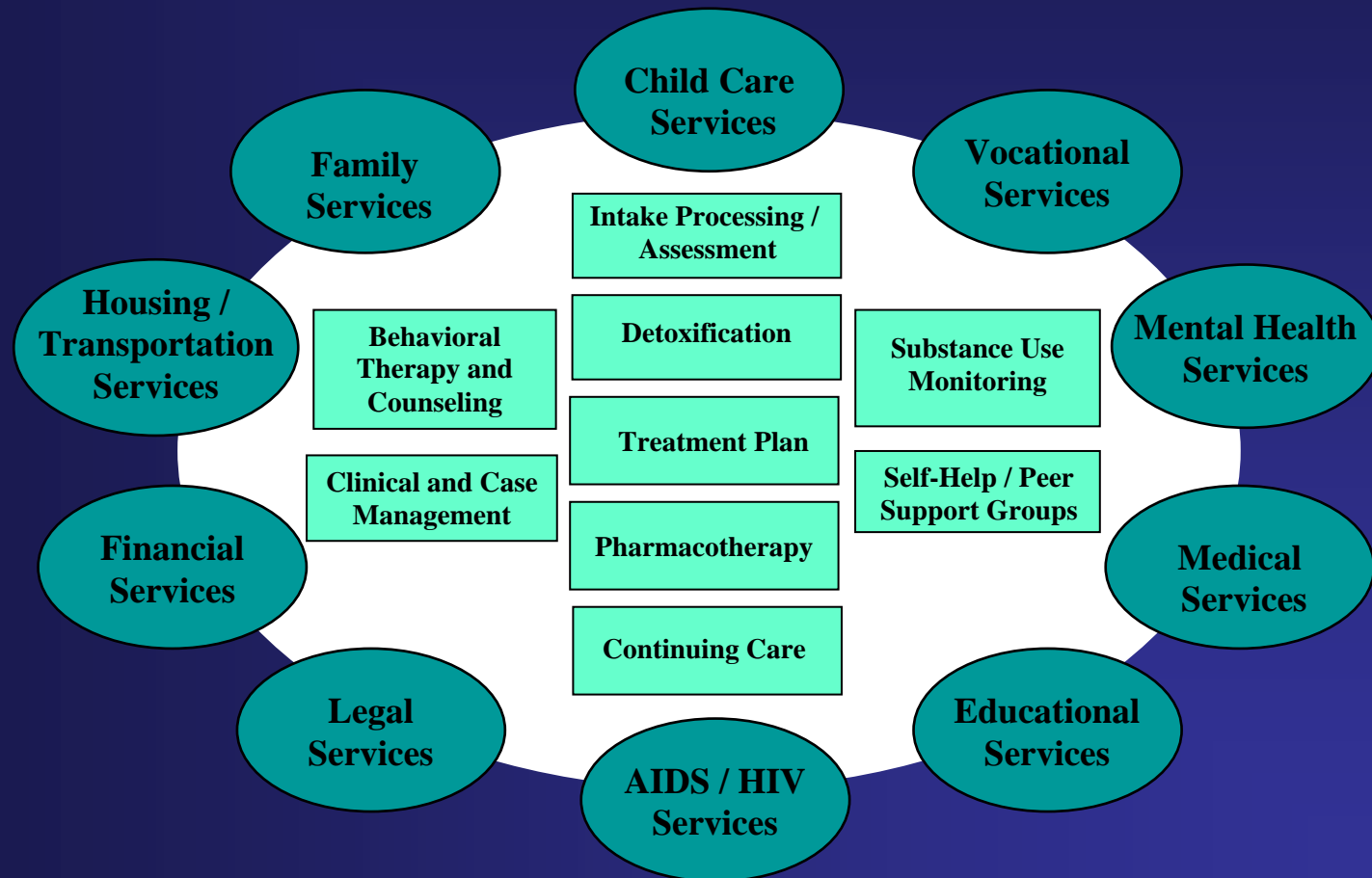
Mark Payne, Director
Division of Substance Abuse and Mental Health
Department of Human Services

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NASADAD

ATTACHMENT II

Components of Effective Drug Abuse Treatment



NASADAD

ATTACHMENT III

**Substance Abuse Prevention and Treatment (SAPT)
Produces Positive Outcomes –
State Examples**

Alaska's Division of Behavioral Health reported 5,400 admissions to treatment in State Fiscal Year 2005 and provided prevention services to 2,000 individuals. The most recent outcomes study to measure the effectiveness of Alaska's publicly funded treatment system found that of the patients surveyed one year after treatment, 56 percent of those in outpatient programs abstained from alcohol and 75 percent of the residential patients participating in year-long aftercare programs were abstinent.

California's Department of Alcohol and Drug Programs reported 226,712 admissions to treatment and provided prevention services (both recurring and one-time) to over 3 million individuals in State Fiscal Year 2004/2005. The California Drug and Alcohol Treatment Assessment (CALDATA) study in 2002 found the cost of treating a sample size of approximately 150,000 individuals in 1992 was \$209 million – while the benefits were approximately \$1.5 billion in savings in large part through reductions in crime.

Colorado's Alcohol and Drug Abuse Division (ADAD) reported 65,949 admissions to treatment in FY 2005 (an 18 percent increase over the previous year) and provided prevention services to 66,225 persons. Colorado noted that in 2005, 81 percent of methamphetamine users were abstinent at discharge. For prevention, there were statistically significant reductions in 30 day past use of cigarettes, alcohol, inhalants and cocaine for youth ages 12 to 17.

Florida's Department of Children and Families reported 52,663 treatment admissions in State Fiscal Year 2004-2005. In SFY 2004-2005, 68 percent of adult clients were abstinent one year after discharge; 55 percent of child clients were abstinent one year after discharge; there was a 30 percent decrease in homelessness for clients receiving treatment; and employment rates increased by 19 percent for clients receiving treatment.

Hawaii's Division of Alcohol and Drug Abuse reported 3,851 treatment admissions in State Fiscal Year 2005 and provided recurring prevention services to 3,590 individuals and one-time prevention services to 83,331 individuals. The Division noted the following outcomes for a sample of 567 adults six months after treatment: 57.3 percent cited no substance use since discharge from treatment; 71.3 percent were not arrested since discharge; and 74.4 percent were not hospitalized since discharge.

Illinois' Division of Alcoholism & Substance Abuse reported 79,054 admissions to treatment and provided prevention services to 346,170 in State Fiscal Year 2005. In State Fiscal Year 2004, client outcomes data comparing admission and discharge showed increased rates of abstinence from alcohol and other drugs.

Iowa's Division of Behavioral Health and Professional Licensure reported 42,025 admissions to treatment and provided prevention services to approximately 214,216 individuals in State Fiscal Year 2005. Iowa's 2005 Outcomes Monitoring System found

the following regarding methamphetamine clients six months after being discharged from treatment: 65.4 percent were abstinent; 89.2 percent had not been arrested; and the percentage of those employed full time increased by 14.3 percent.

The Kansas Addiction and Prevention Services (AAPS) Program reported that 15,622 persons were admitted into treatment services and 81,677 persons were provided prevention services during the State Fiscal Year 2005. For SFY 2005, the following client outcomes were reported comparing admission to discharge: 90 percent of consumers reported abstinence at discharge, and 50 percent of the persons who were admitted for services changed from being homeless to having a place to live.

Kentucky's Office of Drug Control Policy reported 26,107 admissions to treatment in State Fiscal Year 2003. A 2003 Kentucky outcomes report found the following regarding a sample of over 1,000 clients one year after treatment: 67.6 percent reported abstinence from alcohol; 71 percent reported abstinence from illegal drugs; 85.3 percent were abstinent from marijuana; and there was a 48.6 percent increase in the percentage of clients employed.

Louisiana's Office of Addictive Disorders (OAD) reported 32,607 admissions to treatment in State Fiscal Year 2005. For SFY 2005, the following client outcomes were reported comparing admission and discharge: 82 percent decrease in the number of clients arrested; 13 percent increase in the number of clients employed full time; 10 percent increase in the number of clients employed part time; and a 61 percent decrease in primary drug use from admission to discharge.

Maryland's Alcohol and Drug Abuse Administration (ADAA) reported 47,555 admissions to treatment and provided prevention services to 301,213 individuals through 540 recurring prevention programs. In 2004, ADAA found that arrests decreased during treatment by as much as 85 percent depending on the level of care; the percentage of clients employed increased eight-fold during half-way house treatment; and overall homelessness decreased during treatment.

Michigan's Division of Community Services and Gambling reported 64,697 admissions to treatment and provided prevention services to 150,458 individuals in State Fiscal Year 2005. In a 2004, the following client outcomes were reported comparing admission to discharge: 75.9 percent reported zero use; there was a 49.4 percent reduction in homelessness; 84.6 percent retained their job; and 72.2 percent with a recent arrest prior to admission reported no arrests.

Minnesota's Division of Chemical Health reported 23,098 admissions to treatment in Calendar Year 2004. In examining outcomes data for clients admitted to treatment between 1993 and 1999, 54 percent of respondents reported no use of substances six months after treatment. Within this sample, 73 percent of persons addicted to methamphetamine reported abstinence from any drug use six months after treatment.

Montana's Bureau of Addictive and Mental Disorders reported 6,674 admissions to treatment in State Fiscal Year 2005. In SFY 2005, the Bureau reported the following outcomes of a sample of 1,336 clients six months after discharge: 72.5 percent reported no use of substances; employment status increased by 20 percent; and 94.5 percent of clients had no probation or parole violations.

Nevada's Bureau of Alcohol and Drug Abuse (BADA) reported 11,189 admissions to treatment and provided prevention services to 12,144 individuals in State Fiscal Year 2005. In State Fiscal Year 2005, the following client outcomes were reported for those completing treatment: 90.4 percent were abstinent at discharge.

New Jersey's Division of Addiction Services (NJDas) recorded 54,404 admissions to substance abuse treatment in CY2005. In CY2005, NJDas reported the following client outcomes comparing admission to discharge: 95% decrease in those who are using alcohol, 77% decrease in those using heroin, 81% decrease in those using cocaine, 90% decrease in those using marijuana, a 33% reduction in those who are homeless, and a 62% reduction in arrests.

New York's Office of Alcoholism and Substance Abuse Services (OASAS) reported 113,730 admissions to treatment in FY 2003. OASAS reported the following client outcomes in FY 2003: 50.5 percent increase in the number of patients abstinent from alcohol; 72.7 percent increase in the number of patients abstinent from other drug use; 25.9 percent increase in the number of patients employed; 33.6 percent decrease in the number of patients who were homeless; and 60.3 percent decrease in the number of patients arrested in the past month.

North Carolina's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services reported 33,048 admissions to treatment in State Fiscal Year 2003-2004. One sample study of publicly funded clients showed the following outcomes: a decrease in any alcohol use from 71 percent to 10 percent; a decrease in marijuana use from 45 percent to 5 percent; a decrease in cocaine use from 32 percent to 2 percent; a decrease in arrests from 20 percent to 2 percent; and increase in full-time employment from 49.8 percent to 59.3 percent.

Ohio's Department of Alcohol and Drug Addiction Services (ODADAS) reported 89,389 admissions to treatment in State Fiscal Year 2004. ODADAS noted in the following cost savings achieved in SFY 2004: women in treatment gave birth to 588 drug-free babies in 2004 saving \$29.5 million in health care costs; of unemployed Ohioans in treatment, approximately 1,000 obtained employment during treatment to generate \$16.6 million in earnings (at \$8 per hour) and a combined State and local tax gain of \$2.9 million; and substance abuse prevention services saved \$165.3 million.

Pennsylvania's Bureau of Drug and Alcohol Programs reported 92,224 admissions to treatment and provided prevention services to 111,145 individuals in State Fiscal Year 2004/2005. In SFY 2004-2005, the Bureau reported the following client outcomes comparing admission to discharge: 77 percent of clients addicted to alcohol were

abstinent; 71 percent of clients addicted to cocaine/crack were abstinent; 75 percent of clients addicted to marijuana were abstinent; and 65 percent of clients addicted to heroin were abstinent at discharge.

South Carolina's Department of Alcohol and Other Drug Abuse Services (DAODAS) reported 29,843 admissions to treatment in State Fiscal Year 2005. In SFY 2005, the Department reported the following client outcomes from a sample survey comparing admission to 90 days after discharge: 73.2 percent of clients reported no alcohol use; 77.2 percent of clients reported that they were employed; and 94.1 percent of students reported a reduction in suspensions, expulsions or detention.

South Dakota's Division of Alcohol and Drug Abuse reported 16,394 admissions to treatment in FY 2005. A study released in FY 2005 on 5,161 indigent clients receiving addiction services between April 1999 and November 2004 found that approximately half were abstinent one year after discharge. A 2003 analysis that found methamphetamine clients experienced fewer arrests after treatment compared to 12 months before admission in the following categories: driving while intoxicated, disorderly conduct, assault or battery, theft, possession of drugs, and sale of drugs. Before treatment, nearly two-thirds of methamphetamine clients had been jailed overnight, but this rate declined to 10.8 percent for those who remained abstinent one year post treatment.

Tennessee's Bureau of Alcohol and Drug Abuse Services reported 15,168 admissions to treatment in FY 2004. The Bureau reported in a 2003 study that over 65 percent of methamphetamine clients were abstinent six months after discharge. A study of 2,000 clients receiving publicly funded services in 2003 found the following client outcomes comparing admission to six months after admission: 65.1 percent were abstinent; unemployment declined from 60.7 percent to 34.3 percent; full-time employment almost tripled, from 15.7 percent to 44.7 percent; and arrests dropped from 55.5 percent to 10 percent.

The Texas Department of State Health Services reported 55,947 admissions to treatment in State Fiscal Year 2005 and provided prevention services to approximately 145,000 persons. The Department reported the following client outcomes comparing admission to 60 days after discharge in 2005: 78 percent of clients addicted to alcohol were abstinent; 75 percent of clients addicted to illicit drugs were abstinent; and homelessness decreased by 69 percent. Client data from 2001 through 2004 show that 88 percent of methamphetamine users were abstinent 60 days after discharge.

Vermont's Division of Alcohol and Drug Abuse Programs reported 8,880 total admissions into the treatment system in FFY 2005. A study of substance abuse treatment and district court data showed a decrease in criminal justice involvement of 28 percent between the rate at which treatment clients were charged with a crime in the three months prior to treatment period and the three months after the treatment period.

Virginia's Department of Mental Health, Mental Retardation and Substance Abuse Services reported 71,020 admissions to treatment in SFY 2005. Consumer data

comparing admission and discharge data showed increased abstinence for alcohol and other drugs and increased employment.

Utah's Division of Substance Abuse and Mental Health reported 18,985 admissions to treatment in FY 2005. The Division reported the following client outcomes in FY 2005 comparing admission to discharge: 74 percent reported no drug use; there was a 14 percent increase in the number of clients employed; and 78 percent were arrest free. In SFY 2004, 60.8 percent of methamphetamine clients were abstinent at discharge.

Washington State's Division of Alcohol and Substance Abuse reported 42,848 admissions to treatment and provided prevention services to 98,129 individuals in State Fiscal Year 2005. A study of over 500 publicly funded clients found a 94 percent increase employment rates between admission and six months post discharge – and average monthly income increased 257 percent – from \$159 at admission to \$568 six months after discharge. Washington State also found that illegal activity declined 85 percent in a study of 600 adults discharged from publicly funded addiction treatment.

West Virginia's Division on Alcoholism and Drug Abuse (DADA) reported 12,968 unduplicated admissions for treatment services and provided prevention services to 33,803 persons through SAPT Block Grant funding. In 2005, DADA reported the following client outcomes comparing admission to 30 days post discharge: a decrease in homelessness and significant increase in abstinence. DADA reported presenting 194 evidenced-based programs to various professionals in the State using a “train-the-trainer” approach.

Wisconsin's Division of Disability, Elder Services, Substance Abuse and Mental Health reported 24,770 admissions to treatment in 2004. A 2002 study of 400 clients found 62 percent successfully completed treatment; 90 percent were satisfied with services; and 55 percent were abstinent six months after discharge. A 2002 study of 410 women estimated that 66 percent were abstinent one year after admission, and the arrest rate went from 49 percent before admission to 16 percent in the year after admission. A 2005 study of 130 adolescents showed that 71 percent were abstinent at discharge.